WASTE MANIFEST	1. Generator's US EPA ID No.	Manifest Docume	addres sold		age 1	Information in is not required	
3. Generator's Name and Mailing Address Douglas Alterian Company, C			A. State	Manifest (	Service Committee	Number 🦱 🚗	
3855 Lakewood Blvd. Long Be	ech CA 00846		B. State	Generator	s ID		400.
4. Generator's Phone (310) 436-62  5. Transporter 1 Company Name	97 or (310) 593- 3101 6. US EPA ID Number		10.5		$\Omega_{\underline{\Omega}}$	<u> </u>	919191
_aidlaw Environmental Servic	at arts of the Colors	00404		Transporte			
7. Transporter 2 Company Name	8. US EPA ID Number			Transporte			
			F. Trans	porter's Ph	one		
9. Designated Facility Name and Site Address:			G. State	Facility's I	) 2101	96 <i>[3</i> [3]	16/1
5295 South Garvey West Morland,CA 92281	CAD 0 0 0 6	33164	H. Facilii	y's Phone	1 1	(619)	
11. US DOT Description (including Proper Sh	ipping Name, Hazard Class, and ID Number)	12. Coi	Live your management and property	13. 1		14. Unit	
RQ, Hazardous waste, e	olid, n.o.s., 9, NA3077,PG	Control of the Contro	Type	Qua	шу	Wt/Vol I. Str	Waste Numb ite
(D007)	A second to the	1001	CM	0 2 5	1510	D EP	4/Other
b.		1000			1 1	Ste	te
			600			EP	A/Other
<b>c</b> .						Ste	te
d							\/Other
<b>d</b>						Ste	
J. Additional Descriptions for Materials Listed	Above		V Ussali			es Listed Above	V/Other
13 To 15 To	mi 10D/93	1.20	a. /2	-71	7	b.	
RES 09-11-93			c.			d.	
15. Special Handling Instructions and Additio	nal Information		program				
is frour emergency telep. Site address: 19503 South	none number ( 800) 424-930 Normandie Avenue, Torran	o (Chemire ce, CA 905	C), 271 D2	Ji EM	Law 11	laja1	
			11				
<ol> <li>GENERATOR'S CERTIFICATION: I here packed, marked, and labeled, and are in</li> </ol>	by declare that the contents of this consignment are all respects in proper condition for transport by hig	fully and accurately ghway according to	described applicable	above by internation	proper st	nipping name ar	d are classif ent regulatio
If I am a large quantity generator, I ce	rtify that I have a program in place to reduce the	e volume and toxic	ity of wast	e generate	d to the	degree I have	determined t
economically practicable and mar i have	selected the practicable method of treatment, stor ent; OR, if I am a small quantity generator, I hav ole to me and that I can afford.	rage, or disposal cu ve made a good fo	irrently avo iith effort t	ulable to n o minimize	ne which my wast	minimizes the p re generation a	resent and to ad select the
threat to human health and the environm waste management method that is availal		1 11 07	m.	///		Month	Day
threat to human health and the environm waste management method that is availal Printed/Typed Name	Signature	J Soul	a none and	1 1 1			
waste management method that is availal Printed/Typed Name Tuell, Jr. 17. Transporter 1 Acknowledgement of Recei	ot of Materials	<u> </u>	nerosen esta de la companya de la c			Month	Day
waste management method that is availal Printed/Typed Name  Obert C. Tuell, Jr.  17. Transporter 1 Acknowledgement of Receiprinted/Typed Name	ot of Materials Signature	12 s sd s Samuel States Samuel States		5		0 72	
waste management method that is availal Printed/Typed Name Tuell, Jr. 17. Transporter 1 Acknowledgement of Recei	ot of Materials Signature	The state of the s	and the second second			C   7	Day
waste management method that is availal Printed/Typed Name  17. Transporter 1 Acknowledgement of Receip Printed/Typed Name  18. Transporter 2 Acknowledgement of Receip	of of Materials  Signature of of Materials	The state of the s	Ź			C/   7	Day
waste management method that is availal Printed/Typed Name  17. Transporter 1 Acknowledgement of Receip Printed/Typed Name  18. Transporter 2 Acknowledgement of Receip Printed/Typed Name	of of Materials  Signature of of Materials	And the second s				Month	Day 

E CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7;

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESP

## See Instructions on back of page 6.

Department of Toxic Substances Control Sacramento, California

nt or type. Form designed for use on elife (12-pi							Sacramento, California		
UNIFORM HAZARDOUS WASTE MANIFEST	그리 지역에 가는 중에게 다리다 있는 모든 이 사람은	nifest Docume	[3][0		age 1 of	is not requ	n in the shaded ar pired by Federal la		
3. Generator's Name and Mailing Address Douglas Aircraft Company, C1- 855 Lakewood Blvd. Long Bes				Manifest [		Number	54631	30	
4. Generator's Phone (310) 496-628			B. State		i de	681 631 681	5 6 9 8		
5. Transporter 1 Company Name	6. US EPA ID Number		C. State	Transporte			-1-1-1-1-1 277		
aidlaw Environmental Service	e of CA. Inc. C.AD.AAAAAAA	ing 70 ng	D. Transp	oorter's Ph	one	121	<u> </u>	7000	
7. Transporter 2 Company Name	8. US EPA ID Number	*	E. State	Transporte	r's ID		.,		
		1 1 1		oorter's Ph					
P. Designated Facility Name and Site Address		4-1-1-		Facility's I		1 1 1	1 1 1 1		
:95 South Garvey est Moriand,CA 92281	CADIOIOIOISIS	1164	H. Facility	y's Phone	1 1	(63)	9) 344- 9	(()()	
1. US DOT Description (including Proper Ship	ping Name, Hazard Class, and ID Number)	12. Con No.	tainers Type	13. 1 Quai		14. Unit Wt/Vol	I. Waste Numbe	a P	
a. Ca blancarolassa sumaka mi	olid, n.o.s., 9, NA3077,PG III	2 - 12-23-23-23-23	туре	Goo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,	State	966	
0007)	0.10, 11, 0.3, 13, [W.30/7, FG III	901	GM	0 2 5	50	P	EPA/Other	000	
b	i i						State EPA/Other		
c.							State		
				1 1	1 1		EPA/Other		
d.							State		
Additional Descriptions for Materials Listed A	Above		K. Handli	ng Codes	 for Wast	es Listed Ab	EPA/Other		
a 13104-1770694 Cut-up pail 213554 RST 09-11-95	it tables.		a.			ь.			
**************************************			c.			d.			
	ol Information One number ( 800) 424-9300 (C Normandie Avenue, Torrance,			л ен	G# 1	18)31			
<ol> <li>GENERATOR'S CERTIFICATION: 1 hereby packed, marked, and labeled, and are in a</li> </ol>	y declare that the contents of this consignment are fully all respects in proper condition for transport by highway	and accurately according to	y described applicable	above by	proper s	hipping nan ational gov	ne and are classifie ernment regulation	ed, is.	
economically practicable and that I have s	fy that I have a program in place to reduce the volu- elected the practicable method of treatment, storage, nt; OR, if I am a small quantity generator, I have ma e to me and that I can afford.	or disposal cu	rrently ava	ilable to r	ne which	minimizes t	he present and fut	ture	
inted/Typed Name obert G. Tuell, Jr.	Signature Allet	<i>9. I.</i>	rel	1, ]		Mon	th Day	Year	
<ol> <li>Transporter 1 Acknowledgement of Receipt inted/Typed Name</li> </ol>	of Materials Signature		en e			Mon	th Day	Year	
BIER SHIM	Keling		and the same of th			019	 7   /   /  c	)   (°	
B. Transporter 2 Acknowledgement of Receipt inted/Typed Name		T.				1.1		V-	
	Signature					Mon	h Day	Year	
. Discrepancy Indication Space						1 1			
	•			948					
	receipt of hazardous materials covered by this manifes	t except as no	oted in Item	19.					
rinted/Typed Name	Signature					Mont	h Day III	Year	

DO NOT WRITE BELOW THIS LINE.

95463130 E CENTER 1-800-424-8802: WITHIN CALIFORNIA, CALL 1-800-852-7.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESP

5 <b>August</b>				HIH! AH			
	AND ENTAL A	Miles Mercand at the American	E KASHA ZITURI				
SERV	TICES M					-	FORM A
			fication And Ce	rtificatio	m	r	age <u> </u> 01 <u>C</u>
	Name/Location:	suglas Aurora	At Company				
ienerator	Number: CACC	86510005					1:
PA I.D.	ofile or ARF Designat	ion: <del>12104-1</del> 7	R-069-11-95	213	3554		
Vaste Pro	Number: <u>63130</u>	195463130					
Manifest	Number:	4					
EPA Was	ste Number(s): Do	s (attached) N	o On file at re	ceiving fac	ility 🔟		
Waste Ar	nalysis Available? Ye	s (attached)					licable treatment
	ted Waste Notification statement below if you						
standards)			through knowle	edge of the was	te to support	this notific	ation that the waste is not
. 1	restricted as specified in 40 Cl	.K 8200, Darpar					
NOTE-1 categorie in 40 CF	tement (2a) below if you.  A waste may pass one smust be checked. NO R §268. 48 (Table UTS) ached to and accompany treated to the alternate de	TE-2: D001, D002 and, that are reasonably ex	d D012 - D043 wastes spected to be present. A each waste shipment. M	must be eva	iluated ioi	to must b	e included on FORM
	(2a) Restricted Waste Notific I notify that I am familiar with to the treatment standards spappropriate regulatory treat	ment method; (b) qualifies f	and testing or through knowlee part D. The waste: (a) must b for a variance as described in	dge of the waste se treated to the n category 3 be	: to support th : appropriate :low; or (c)	his notificat regulatory meets some	ion that the waste is subject treatment standard, by the or all of the standards as
,			zardous debris is subject to treatment [check all that app				
면	The waste contains the follo \$268.45(b)(1) - Tor \$268.45(b)(2) - Del	tment Notification: This has wing contaminants subject to ticity characteristic debris; oris contaminated with listed anide reactive debris.		ly]:			
		- A: Figation (Category	3)		o o waste V	vhich doe	s not require treatmen
Restru Mark I prior t	the statement below and to land disposal because	anation petition und	ler 40 CFR §268.6, or	other applica	ible varian	cc).	
40 CF	rR §268 Suppart C, a no	6.					of the waste to support the
	notification that this waste or an exemption under 40	CFR §268.6.					
Mark stand may	icted Waste Certification the certification stateme ards), and the waste mee pass one or more standable checked.	ts the standards as gene and require treatm	erated. Note: All application or be variance for c	able constitue other constitu	uenis. m u	uis case,	
	I certify under penalty of	Off Miles was allowed a	amined and am familiar with th rith the treatment standards sp believe that the information I m, including the possibility of	cummined is it	me, were men	d testing or Subpart D and compl	through knowleage of the wa and all applicable prohibition ete. I am aware that there
	set forth in 40 CFR 200	submitting a false certification					
SIGN	IATURE: Phat	2. Devell, Ja	<del></del>	DATE:	5000	~ PI	5 ant Engineer
	IT NAME: Robert	A T. 11		スルルののの対形は長齢性が治	VIIL		<ul> <li>— ———————————————————————————————————</li></ul>

FORM B1 (Must be accompanied by Form A)

Waste Profile or ARF	Category No.	EPA or State Waste Code	Variance Date	Description/Sub Category	Treatability Group (WW or NWW)	3(30/95463130) Waste Constituents of Legend #	
213554 2104 i FROGIA RED 09-11-95	2b	D007		(Cutup paint tosles) Chromun	NWW	251	

	5 spent solvents			Section and the contract and the second	y-Based standards For F00:	
Legend#	Constituent Name	19	Nitrobenzene	A THE RESIDENCE OF THE PARTY OF	onstituent is the only listed	
1	Acetone	20	Pyridine	F00-F005 solvent		
2 3	Benzene	21	Tetrachloroethylene	Legend #	Constituent Name	
3	n-Butyl alcohol	22	Toluene	32	2-Ethoxyethanol	
*4	Carbon disulfide	23	1,1,1-Trichloroethane	33	2-Nitropropane	
5	Carbon tetrachloride	24	1,1,2-Trichloroethane			
6	Chlorobenzene	25	Trichlorothylene	Legends 34-43 RESERVED		
7	Cresol (m-and p-isomers)	26	1,1,2-Trichloro-1,2,2-			
8	o-Cresol	trifluoroethane		CALIFORNIA LIST WASTES		
*9	Cyclohexanone	27	Trichloromonofluoro-methane	Legend#	Constituent Name	
10	1,2-Dichlorobenzene	28	Xylenes (total)	44	Nickel	
11	Ethyl Acetate			45	Thallium	
12	Ethyl Benzene	Legends 29-31 RESERVED		46	Cyanide (Liquid)	
13	Ethyl Ether			47	Liquid Polychlorinated	
14	Isobutyl alcohol	* If these constituents are present alone or			Biphenyls (PCB's)	
*15	Methanol		ombination of the three, then non	48	Halogenated Organic	
16	Methylene Chloride	waste water forms of these constituents			compounds (HOC's)	
17	Methyl Ethyl Ketone		treated to TCLP levels as indicated	SEE BAC	K FOR THE UNIVERSAL	
18	Methyl isobutyl ketone	in §268.4	40.	TREATM Legends 4	ENT STANDARDS (UTS), 9 - 264	

	73/0	0/87	2 K K C				NUMBER: 95463130
•	GROSS	TARE		<b>1</b>	ORUM COUN!	GALLONS	NUMBER:
WEIGHT TICKET	•	•••	 !	U.t-UP Paint tables	Morland		DOCUMENT
	(DLAW	. £	9-11-85	UP Pain	DISPOSAL FACILITY: LAIDIAN W. Horland	,	
	THID !	16007	6	100	FACILITY: 6		MANIFEST
•	· VENDOR:	TRUCK #:	DATE:	CONTENTS:	DISPOSAL	DRIVER:	STATE MA